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As many as 1 in 5 children and adolescents have a mental illness, and it is estimated that of those, only 1 in 5 is diagnosed and receives treatment each year. Children with chronic medical illnesses are up to three times as likely to develop a psychiatric illness as their healthier counter-parts, and very few of these children are seen by a child and adolescent psychiatrist. The majority of these mentally ill children are treated either by their primary care physician, pediatrician, or consulted on by an adult psychiatrist. The aim of this workshop will be to educate the adult psychiatrist on the more common presentations of comorbid psychiatric illnesses as they present in the chronically medically ill child or adolescent in the hospital setting. We will discuss general principles of capacity, consent, and assent, as these topics are often overlooked and not well understood. Beyond this, we will explore why mental illnesses are under-diagnosed in the medical hospital setting. Medically ill children with comorbid psychiatric symptoms often present with vague physical complaints such as nausea, malaise, or GI distress. These symptoms can often mimic symptoms of the primary medical illness or even exacerbate primary physiological symptoms. It is often difficult to discern whether somatic complaints are representative of a psychiatric illness or a medical illness. We will analyze 2 cases of severe Conversion Disorder leading to repeated medical hospitalizations and how they were eventually psychiatrically managed to minimize repeated subsequent medical hospitalizations and improve quality of life.